HASCAS

Health and Social Care
Advisory Service

Direct Payments, Independent Living and Mental Health

AN EVALUATION

Executive Summary

This summary provides an overview of a study of the National Pilot to implement direct payments in mental health. This took place across five Local Authority sites in England from February 2001 to July 2002. The background to the study and the evaluation methods used are described, selected key findings are presented, and recommendations made for the development of direct payment implementation in mental health.

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HASCAS (The Health and Social Care Advisory Service) is committed to making a positive difference to the lives of people experiencing mental distress and older people. It is an independent, not for profit organisation undertaking service, organisational development and research.

How to get further information

For further information about the study contact HASCAS by phone on 020 7307 2892 or by email at enquiries@hascas.org.uk

Copies of the full research report 'Direct payments, independent living and mental health' by Helen Spandler and Nicola Vick can be obtained at a cost of £15.00 plus £1.50 p&p per copy from: Centrevents PO Box 42334, London N12 0WF Telephone 020 8922 1135.

A Summary version of the report can be obtained from the Centrevents address (as above) at a cost of £6.00 plus £1 p&p per copy. This version can also be downloaded free of charge from the HASCAS website: www.hascas.org.uk (sited in the HASCAS 'publications' folder).

Background to the study

The Community Care (Direct Payments) Act came into force in April 1997, and from April 2003, Local Authorities have been required to make direct payments to people who are assessed as eligible to receive them and want them, including people in contact with mental health services. However, most have not yet given serious consideration to the implementation of direct payments in mental health and the number of people with mental health needs who have taken up direct payments has remained low in comparison with other groups.
The purpose of the National Pilot was to promote independent living through the increased take up of direct payments in mental health. It included five key components:

- The recruitment of Site Co-ordinators from within local service user networks;
- The setting up of Steering Groups to oversee the progress of the pilot;
- The organisation of All Sites Days at six monthly intervals to enable representatives from participating sites to discuss progress and share ideas about implementation;
- The setting up of an e-mail discussion group and newsletter.

The evaluation took place in 2002-2003 during the last year of the pilot. Both qualitative and quantitative techniques were used, including:

- Semi-structured interviews with care co-ordinators, mental health service users who had direct payments agreed, Local Authority leads, members of the National Pilot team, staff from local support services, and focus group discussions with local steering groups;
- A 'quality of life' questionnaire was completed by direct payment recipients;
- Quantitative data were collected on sources and outcome of referrals for direct payments, direct payment packages and the demographic characteristics of people referred for and those receiving direct payments.

2 Key Findings

2.1 Take up of direct payments

All the pilot sites were able to make small but significant progress towards widening access to direct payments to mental health service users.

- In total 158 people were referred and 58 people were able to access direct payments during the pilot. A greater proportion of both those referred and those accessing direct payments were women and there were few people from black and minority ethnic groups accessing direct payments;
- The majority of referrals were from social workers and community psychiatric nurses (CPNs) who had equal success in accessing direct payments for their clients;
- More clients on enhanced CPA were receiving direct payments but only one out of 14 self-referrals resulted in an agreed package;
- Services purchased via direct payments were usually agreed at the outset;
- Mostly, direct payments were for small packages of less than ten hours per week.

2.2 Uses of direct payments

Although a relatively small number of clients used direct payments, there was great diversity in their use, including for:

- Social/domestic support, personal contact, personal care, transport;
- Practical support (with budgeting, shopping, gardening etc);
- Educational support, arts and leisure activities;
- Respite and help with childcare, therapeutic support and night sits.

The majority of payments were for on-going support rather than one off payments. Half of the clients employed personal assistants (PAs) but some difficulties were experienced in recruitment at times due to the low rate of pay.

2.3 Benefits and impact

The majority of mental health service users only began to access direct payments in the last year of the National Pilot. The evaluation could therefore only report on the perceived short term impact. Significant benefits included:

- Increased access to and enjoyment of mainstream activities that were non-stigmatising and not mental health focused;
- Greater independence and flexibility in support arrangements and a positive impact on mental health;
- Improved feelings of confidence, self-esteem, assertiveness, motivation, sense of purpose about their life, and a sense of hope in being able to pursue some self defined goals.

The impact on personal and social relationships was less marked, but direct payments did sometimes formalise already existing caring relationships.

2.4 Factors supporting implementation

Within the context of the National Pilot, some of the main factors identified as supporting the implementation of direct payments in mental health included:

- Effective leadership at all levels;
- A focus on implementation including a multiagency steering group and monies to pump prime the implementation process;
- Proactive, independent, sufficiently resourced direct payments support service;
- The specific and sensitive support of local direct payments support workers, and help from user groups and advocacy projects in promoting and supporting access to direct payments;
- Collaborative working between professionals and flexibility in the ways in which direct payments could be used;
- Training for care co-ordinators and the development of specific and streamlined procedures for processing direct payments in mental health.

2.5 Care co-ordination

The willingness and ability of care co-ordinators to promote, support and enable service users to get direct payments was highly significant in taking forward or stalling progress and uptake. Most were still uncomfortable and had a variety of concerns about the direct payment process. As a result care co-ordinators tended to be highly selective as to whom they would offer a direct payment. Few were aware that as much support as needed could be offered to enable take up or that there were various innovative and flexible ways of widening access.

2.6 Support and Assistance

Key findings in relation to the support that helped people with mental health needs to access and manage direct payments were:

- The help of a close relative: some recipients indicated that it would be very difficult for them to use direct payments without this support;
- A supportive and pro-active care co-ordinator; appropriate help with planning and preparation; being offered reassurance and encouragement and having information provided sensitively; a central place to contact regarding administrative demands and paperwork; help with identifying, recruiting PAs, and identification of tasks;
- Some sites paid additional amounts for setting up costs, pay roll services and for contingency, crisis or back up support where this was assessed as necessary. This had positive implications for the flexibility of a client's support arrangements and the level of support they were able to get with managing payments.

3 Recommendations

In order to build on the National Pilot, a number of specific recommendations are highlighted:

- The option of direct payments in mental health needs to be promoted through both Local Authority and mental health routes and further national guidance on implementation is needed to promote and support local action in the field.
- A multidisciplinary and multi sector steering group with an identified project lead needs to be established in each Local Authority to progress implementation in mental health and to oversee the development of an appropriate support infrastructure.
- The nature of the support required to access direct payments needs to be further clarified and strategies developed to promote access to direct payments in mental health, including:
  - Local action to raise awareness amongst service users about direct payments and consideration of self referrals
  - Improving access to direct payments for people from black and minority ethnic communities and other marginalised communities.
- Local Authorities need to ensure the provision of effective support at all stages of the direct payment process, and service users should be offered choice about how and who provides this. Investment is also required in the development of peer support.
- Local direct payments support services need to develop expertise in working alongside people with mental health needs and formal guidelines developed regarding the employment of PAs in mental health.
- The overlap between health and social care strongly suggests that direct payments should be funded by both Health and Social Services, and that greater use should be made of the available mechanisms to support this.
- Payments should be agreed for 'needs' rather than 'services' and local guidelines developed to support creative use. Where needed, additional support in setting up and managing a direct payment should be costed in. Payments must also be flexible enough to allow for changing circumstances, and the potential for the pooling of resources for service users needs to be further explored.
- Training, supervision and guidance must be offered to address concerns among mental health professionals and to support implementation in practice. Networks need to be developed to enable sharing of good practice.
- Local monitoring systems should be developed to ensure equity of access for eligible service users and to assess progress made. Monitoring which and how many clients have been offered the option of direct payments is equally as important as the numbers of people using direct payments.
- Further research and clarification is required in relation to equality of access, economic remodelling to support flexibility in service provision, the development of independent planning in mental health and the identification of longer term benefits and outcomes for people with mental health needs using direct payments.